

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 047600006		CITY OR TOW	N GROTON	
APPLICATION FO	OR RENEWAL:	Annual	LICE	ENSED FOR 20	
	E: R.C. KIMBALL, S A OLIVER'S GRI OSTON ROAD				YEAR
CITY/TOWN: GR	ROTON	STATE: MA	ZIP CODE:	01450	
	YNIEWICH, TY ERYL	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
DESCRIPTION OF	PLEASE ALSO VISIT OUR F LICENSED PREM	WEBSITE AND ENTER YOUR ISES:	EMAIL ADDRESS		
 the rene the licen 	swear under penaltic wed license will be o usee has complied with nises are now open for Individual, Partne	f the same type for that all laws of the Cor	nmonwealth relating		
Acts of 2004, sign	TELEPHO ed, attest that we an ed by the building in d (2) the certificate o	nspector and the he	(Note: <u>NOT</u> the certificate requal of the fire depa	rtment for the	Security Number) ser 304 of the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] [] lain)		LOCAL LICEI By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBEK: 04/60000/		CITY OR TOWN GROT	JN
APPLICATIO:	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NA	AME: DENIS H. M	IARCHAND AND ESTE	LLE C. MARCHAND	
DOING BUSI	NESS A CRAVEN'S	S PACKAGE STORE		
ADDRESS BO	OSTON & SANDY I	POND RDS		
CITY/TOWN:	GROTON	STATE: MA	ZIP CODE: 01450	
MANAGER:	MARCHAND, DENIS H.	TYPE OF LICENSE:P	ackage Store CATEGOR	RY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT	TOUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
FIRST FLOOF	R (30 X 60) WITH B	SASEMENT STORE AT 7	777 BOST ON ROAD, GROT	ON, MA.
2. the	licensee has complie	• •	ne same premises now licensed namonwealth relating to taxes; a plain below)	
SIGNED BY	Individual, F	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Soci	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 04/600009		CITY OR TOWN GROTO	N
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI	AME: GROTON CONVENIEN NESS A GROTON GENERAL 1 BOSTON RD			
CITY/TOWN:	GROTON S'	TATE: MA	ZIP CODE: 01450	
MANAGER:	PATEL, VIMUBEN TYPE OF G.	LICENSE: Pack	cage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES:			
2. the	renewed license will be of the sa licensee has complied with all la premises are now open for busin Individual, Partner or Au	ws of the Commess (If not explain	onwealth relating to taxes; and in below)	d
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT By:	HORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	04/600010		CITY OR TOWN G	ROTON
APPLICATION FOR	RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS MAIN &	Α	ET,INC		
CITY/TOWN: GRO	TON	STATE: MA	ZIP CODE: 0	1450
MANAGER: MAD	IGAN, JOHN TY	PE OF LICENSE: Pa	ackage Store CATE	EGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS	<u> </u>
DESCRIPTION OF L	ICENSED PREMI	ISES:		
	es are now open for	r business (If not exp		xes; and
DATE:	TELEPHON	NE NUMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 047600013		CITY	OR TOW	N GROTON	
APPLICATION	FOR RENEWAL:	Annua	ıl	LIC	ENSED FOR 2	013
		CLAS	S			YEAR
LICENSEE NAI	ME: TOWN OF GR	COTON				
DOING BUSIN	ESS A GROTON CO	DUNTRY CLUB				
ADDRESS 94 L	OVERS LANE					
CITY/TOWN:	GROTON	STATE:	MA Z	IP CODE:	01450	
	WHALEN, ROBERT M	TYPE OF LICENS	SE:General o premise	n	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:					
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	YOUR EMAIL ADI	DRESS		
	OF LICENSED PRE					
	ALL, ONE FLOOR E NCTION HALL BUI			ST ROOM	SCOVEREI) FRONT
I hereby certify a	and swear under pena	lties of perjury that	:			
1. the re	enewed license will be	e of the same type f	or the same	premises n	ow licensed;	
2. the lie	censee has complied	with all laws of the	Commonwe	alth relatir	ng to taxes; and	
3. the pr	remises are now open	for business (If no	t explain bel	ow)		
SIGNED BY						
	Individual, Par	tner or Authorized	Corporate O	fficer		
DATE:	TELEPH	IONE NUMBER:			YER IDENTIFICA	
				(Note: NOT	Individual Social	Security Number)
Acts of 2004, si	igned, attest that we igned by the building and (2) the certificat	g inspector and the	e head of the	e fire dep	artment for the	e above
Please Check Below	<u>/:</u>		LO	CAL LICE	ENSING AUTH	ORITY
APPROVED: [By:			
DISAPPROVEI						
(If disapproved 6	expiaiii)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600016	(CITY OR TOWN GROTON
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: GIBBET HILL GR	RILL LLC	
DOING BUSINESS A GIBBET HILL G	RILL - FUNCTION H	IALL
ADDRESS 00061A LOWELL ROAD		
CITY/TOWN: GROTON	STATE: MA	ZIP CODE: 01450
MANAGER: TOTMAN, TYPE THOMAS	PE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED PREMIS		
ONE MAIN SEATING FLOOR WITH 2 ON THE SOUTH SIDE OF BLDG. BAS ON THE EAST SIDE OF THE BLDG A	EMENT, TWO BATH	IROOMS, A KITCHEN AREA; DECK
I hereby certify and swear under penalties	of perjury that:	
1. the renewed license will be of	• •	•
2. the licensee has complied with		•
3. the premises are now open for	business (If not explain	n below)
SIGNED BY Individual, Partner	or Authorized Corpora	ate Officer
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TEEE HOLV	E IVONIBER.	(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building ins	spector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(II disappioved expiaili)		
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600017		CITY OR TOWN GROTON			
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013			
	CLASS	YEAR			
LICENSEE NAME: GIBBET HIL	LL GRILL LLC				
DOING BUSINESS A GIBBET H	ILL GRILL RESTAURAN	Γ			
ADDRESS 00061B LOWELL ROA	AD				
CITY/TOWN: GROTON	STATE: MA	ZIP CODE: 01450			
MANAGER: TOTMAN, THOMAS	TYPE OF LICENSE: Res	taurant CATEGORY: All Alcohol			
EMAIL ADDRESS:					
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS			
DESCRIPTION OF LICENSED PR	REMISES:				
TWO DINING FLRS: BASEMENT BATHS; SECOND FLOOR (MEZZA SIDE OF BLDG.		;BAR;MAIN KITCHEN AREA;2 NT AND PATIO ON THE NORTH			
I hereby certify and swear under per	nalties of perjury that:				
	* *	same premises now licensed;			
•		nonwealth relating to taxes; and			
3. the premises are now ope	en for business (If not expla	in below)			
SIGNED BY Individual, P	artner or Authorized Corpo	rate Officer			
·	·				
DATE: TELEF	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:			
		(Note: <u>NOT</u> Individual Social Security Number)			
Acts of 2004, signed by the buildi	ng inspector and the head	certificate required by Chapter 304 of the of the fire department for the above rance required by Chapter 116 of the Acts			
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:		-			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 047600018	}	CITY OR TOWN G	ROTON
APPLICATION FOR RENEWAL	L: Annual	LICENSEI	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: NINE WES	ST MAIN PROPERTIES, IN	NC.	
DOING BUSINESS A CLOVER	R FARM MARKET		
ADDRESS 9 WEST MAIN STR	EET		
CITY/TOWN: GROTON	STATE: MA	ZIP CODE: 0	01450
MANAGER: HURST, JANICE	TYPE OF LICENSE: Pa	ckage Store CATI	EGORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF LICENSED	PREMISES:		
2817 SQ. FT.WOOD FRAME BI GROCERY AREA.FRONT AND		THROOM, STORAGE,	OFFICE,
3. the premises are now of SIGNED BY	ppen for business (If not exp	lain below)	xes; and
Indi (Iddui)	Tarmer of Flamonized Corp	orace officer	
DATE: TEL	EPHONE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING By:	G AUTHORITY
DATE:			